



**State of New Jersey**  
**DEPARTMENT OF BANKING AND INSURANCE**  
**LICENSE PROCESSING**  
**PO BOX 327**  
**TRENTON, NJ 08625-0327**

**DONALD T. DiFRANCESCO**  
*Acting Governor*

**KAREN L. SUTER**  
*Commissioner*

**REGISTRATION OF LIMITED INSURANCE REPRESENTATIVE**

To: Commissioner of Banking and Insurance:

From: \_\_\_\_\_ 76 \_\_\_\_\_  
**NAME OF COMPANY** **COMPANY REFERENCE NO.**

The identified individual or organization is being registered as a Limited Insurance Representative.

\_\_\_\_\_  
 LEGAL NAME OF LIMITED INSURANCE REPRESENTATIVE (REGISTRANT CANNOT TRANSACT USING A FICTITIOUS OR TRADE NAME)  
 Business Address of Limited Insurance Representative:

\_\_\_\_\_  
 Name of Employer (Individuals) or Name of Registered Officer (Organization)  
 \_\_\_\_\_ You must supply a street or location address; P.O. Box alone is not sufficient.  
 \_\_\_\_\_ The city, state, and zip code should reflect the location of the P.O. Box.  
 Room No. Suite No. P.O.Box No.. **N.J.S.A. 17:22A-17(11) requires immediate written notification to this Department identifying any future address change.**

\_\_\_\_\_  
 Street Address (Area Code) Telephone Number  
 \_\_\_\_\_  
 City State Zip Code +4(if known) County (NJ Only)

Residence Address of Limited Insurance Representative (Individual Only)

\_\_\_\_\_  
 Apt/Room No. Suite No. P.O.Box No. You must supply a street or location address; P.O. Box alone is not sufficient.  
 \_\_\_\_\_ The city, state, and zip code should reflect the location of the P.O. Box.  
**N.J.S.A. 17:22A-17(11) requires immediate written notification to this Department identifying any future address change.**

\_\_\_\_\_  
 Street Address (Area Code) Telephone Number  
 \_\_\_\_\_  
 City State Zip Code + 4(if known) County (NJ Only)

\_\_\_\_\_  
 Limited Line Authority (N.J.A.C. 11:17-2.11) MM/DD/YYYY MM/DD/YYYY Nj License Ref. No.  
 Contract Date Date of Birth (Individual Only) (If applicable)

I have reviewed the results of a criminal background investigation and determined that the person registered is competent, honest, financially responsible, and capable of acting as a Limited Insurance Representative. **I have attached a copy of the State wide (COUNTY INVESTIGATIONS ARE NOT SUFFICIENT) criminal background investigation results for Department review.** The named Limited Insurance Representative and the Company have executed a written contract which will continue in effect until the company files a Notice of Termination of Limited Insurance Representative form with the Commissioner. The registrant is being registered in compliance with N.J.S.A. 17:22A-16. Those registered to transact Bail Bonds and Mortgage Guaranty have passed an examination as required by N.J.A.C. 11:17-3.3(g) and are registered under their legal name. Provide a copy of the Certificate of Incorporation/Partnership Agreement or other registration with the Department of Treasury or County Clerk confirming that the business entity has been filed.

\_\_\_\_\_  
 Authorized Signature and Date Print Name and Title (Area Code) Telephone Number

As the registrant, I confirm that the addresses contained on this document are correct, and that I am being registered under my legal name. I also confirm that if I am being registered to transact Bail Bonds and/or Mortgage Guaranty coverage that I have passed an examination given by the company and that I have a copy of the results of this examination and the contract. **I certify that I have disclosed any prior criminal convictions to the registering insurance company and have attached an explanation and relevant court documents for all criminal convictions.**

\_\_\_\_\_  
 Signature of Individual or Organization Officer Print Name Date

**MUST BE SUBMITTED WITH COVER LETTER ON COMPANY LETTERHEAD**